

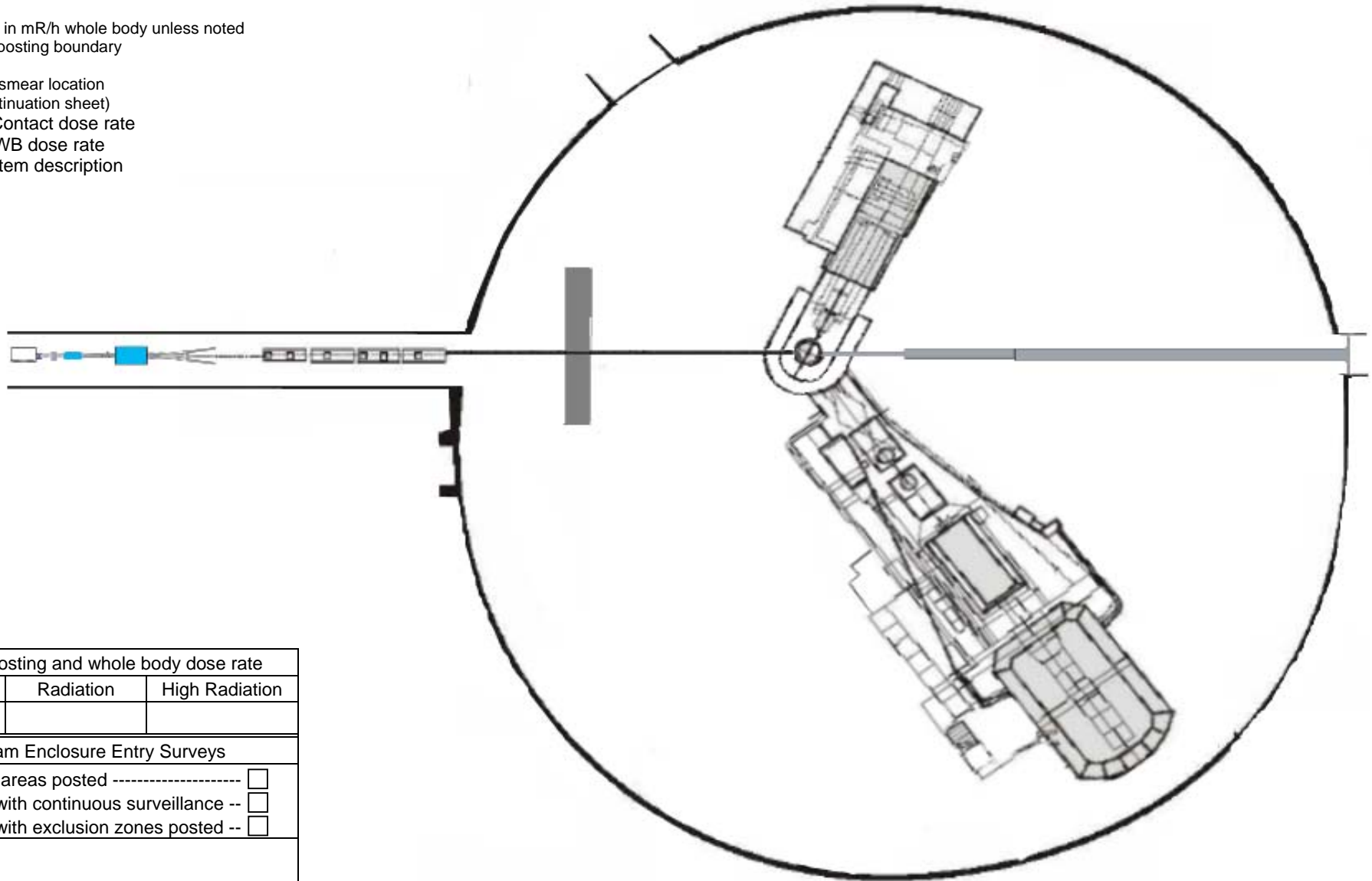
| | | | |
|--|---|--|-------------------|
| HPF-SUR-001 Page 1 of 2 Rev: 1 3/25/05 | RADIATION CONTROL GROUP RADIOLOGICAL SURVEY FORM | | Page ____ of ____ |
| AREA (map reference if applicable) HALL C | Accelerator Operating Conditions | Instrument: _____ Serial #: _____ Cal. Due: _____ | |
| Reason for survey: | | | |

Legend

All readings are in mR/h whole body unless noted
 ----- denotes posting boundary

denotes smear location
 (see continuation sheet)

☐ Contact dose rate
☐ WB dose rate
☐ Item description



| | | |
|--|--------------------------|----------------|
| Highest area posting and whole body dose rate | | |
| RCA | Radiation | High Radiation |
| | | |
| For Beam Enclosure Entry Surveys | | |
| Full survey, all areas posted ----- | <input type="checkbox"/> | |
| Partial survey with continuous surveillance -- | <input type="checkbox"/> | |
| Partial survey with exclusion zones posted -- | <input type="checkbox"/> | |
| Comments: | | |

| | | | |
|---------------|------------|--------------------|-------------|
| Performed by: | Date/Time: | Crew Chief Review: | RCG Review: |
|---------------|------------|--------------------|-------------|